COURT-ORDERED TREATMENT, ISOLATION, AND QUARANTINE GUIDELINES FOR CONTROL OF TUBERCULOSIS

Utah Department of Health
Bureau of HIV/AIDS, Tuberculosis Control/Refugee Health
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I.
Purpose

I. PURPOSE:
GUIDELINE FOR COURT-ORDERED TREATMENT, QUARANTINE, AND ISOLATION OF NONADHERENT CLIENTS WITH TUBERCULOSIS

In partnership with the local health departments (LHDs) and health care providers, the Utah Department of Health is responsible for implementation of the Utah Health Code, Title 26, Chapter 6b, *Communicable Diseases - Treatment, Isolation, and Quarantine Procedures*. This statute delineates the process for ordering involuntary treatment, isolation, and quarantine of persons with public endangering communicable diseases who are unable or unwilling to fully participate in their prescribed treatment.

The purpose of this manual and sample documents is to serve as a reference and guideline for court-ordered treatment, quarantine, and isolation of individuals who pose a threat to public health. Although prepared for use with clients who have tuberculosis, the process described is applicable to other communicable diseases and conditions. This manual is intended to be a useful tool that will simplify and facilitate the process of court-ordered treatment, isolation, and quarantine when less restrictive measures are ineffective. Following these guidelines will assure that public health interventions are enforceable and the rights of the client are respected.

Appropriateness for Court-Ordered Treatment, Quarantine, and Isolation

Within the context of tuberculosis disease, the first priority of public health is to prevent further transmission of tuberculosis in the community by an infectious individual. This is accomplished by identifying all persons with active tuberculosis and ensuring appropriately prescribed treatment is completed. **In order to safeguard appropriate use of scarce resources and comply with the civil liberty rights of the individual, it is recommended that the less restrictive levels of care be pursued aggressively before progressing to more restrictive levels.** The levels of care are:

> **Level of Care 1:** prescribed outpatient treatment provided by a health care provider, clinic, or LHD for those individuals both willing and able to fully to participate in the treatment of their tuberculosis disease.
>
> **Level of Care 2:** enhanced provision of outpatient treatment with use of incentives, enablers, directly observed therapy (DOT), electronic surveillance, etc., for individuals who indicate an unwillingness or inability to undergo prescribed medical treatment, or have demonstrated poor adherence to treatment that has been previously initiated. Implementation of these additional measures ensures completion of treatment.
>
> **Level of Care 3:** secure/locked housing such as long term care settings or

correctional facilities, for those persons who have not responded to Level 2 strategies and are **noninfectious**. Adequate measures are provided that minimize/eliminate the flight risk of these individuals.

Level of Care 4: secure/locked hospital unit or facility offering negative pressure isolation and staff trained in tuberculosis control for accommodating **infectious** clients who have failed adherence to treatment at less restrictive levels of care.

The Advisory Council for the Elimination of Tuberculosis defines *nonadherent behavior* as the inability or unwillingness to follow a prescribed treatment regimen. This may be demonstrated by refusing medication, taking medication inconsistently, missing health provider appointments, failing to report for DOT. Individuals appropriate for court-ordered evaluation may also include contacts of active TB cases who are flight risks.

Although many health care providers believe they can predict a client's adherence to treatment, research indicates their predictions are correct only about 50% of the time.[1] **The strongest predictor of adherence to treatment is the client's history of adherence. The strongest predictor of future adherence problems is a history of nonadherence to treatment, particularly with TB medications.** If there is documentation of nonadherence with previous TB treatment or preventive therapy, it is unlikely that the client will be successful in adhering to the current treatment regimen.

Other indicators for high-risk of nonadherence include: history of other medical treatment nonadherence; substance abuse; mental, emotional, or certain physical impairments that interfere with ability to self administer medications; children; and adolescents. It is recommended that health care providers formally evaluate each client's potential nonadherence at the time TB medication is prescribed. The issue of treatment adherence is addressed in detail in the publication *Improving Patient Adherence to Tuberculosis Treatment,* U. S. Department of Health and Human Services, Centers for Disease Control and Prevention (1994). This is an excellent resource that is available without charge.

The purpose of the following information is to assist local health departments in completing the process of establishing court-ordered treatment, quarantine, and isolation.

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[1] Improving Patient Adherence to Tuberculosis Treatment, U. S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1994.

II.
Incentives and Enablers: Steps Before Court-Ordered Treatment, Isolation, and Quarantine

II. INCENTIVES AND ENABLERS: STEPS BEFORE COURT-ORDERED TREATMENT, ISOLATION, AND QUARANTINE

Incentives and enablers are used by local health departments and other agencies or facilities that treat tuberculosis infection and disease to encourage client adherence to treatment. Incentives are "small rewards given to patients either to encourage them to take their own medicines or to entice them to maintain regular clinic visits or field visits for DOT. Enablers are those things that 'enable' the patient to receive treatment."[2] Enablers ease the difficulty of receiving and completing treatment, assisting the client to overcome barriers to adherence. **Both incentives and enablers are most effective when individualized to each client's needs and interests.**

Incentives and enablers are alternative strategies included in **Level of Care 2**. Consider their use when evaluating a nonadherent client. While incentives and enablers are more expensive than providing TB medication alone, it is a far less costly process than court-ordered treatment. **It is important to attempt to exhaust the incentive/enabler option before proceeding to more restrictive options, from a viewpoint of both resource allocation and preservation of individual civil liberties.** It may be necessary to modify or broaden the initial plan for incentives/enablers if the individual fails to respond. The use of incentives and enablers may facilitate and ensure completion of treatment and ward off implementation of the more restrictive and costly measures of **Level of Care 3 and 4** that encompass court-ordered treatment isolation, and quarantine in a secure/locked facility. Incentives and enablers should not be thought of as rewards for adherence to treatment, "good" behavior, or for being a "likeable" individual. From a public health standpoint incentives/enablers are intended to help with completion of therapy when an individual, for whatever reason, is not motivated or able to complete treatment.

In addition to *Improving Patient Adherence to Tuberculosis Treatment*, another excellent resource is *TB Enablers and Incentives* by the American Lung Association of South Carolina and South Carolina Department of Health and Environmental Control (1989). This booklet provides practical guidelines for implementation of incentives and enablers as well as examples of each.

[2] Improving Patient Adherence to Tuberculosis Treatment, pg. 23.

III.
Flowchart: General Overview of Levels of Care and Court-Ordered Treatment, Isolation, and Quarantine for Suspected/Confirmed Tuberculosis Cases

III. FLOWCHART: GENERAL OVERVIEW OF LEVELS OF CARE AND COURT-ORDERED TREATMENT, ISOLATION, AND QUARANTINE FOR SUSPECTED/CONFIRMED TUBERCULOSIS CASES

The following flowchart is a tool to assist with the understanding of the four Levels of Care for suspected and confirmed TB cases. It also is also a reference to other sections of the manual that describe court-ordered treatment, isolation, and quarantine. Definitions and abbreviations have been included to create a common base of understanding.

Definitions:

Subject to Supervision is defined by statute "as applied to an individual means the individual is:

(1) infected or suspected to be infected with a communicable disease that poses a threat to the public health and who does not take action as required by the department or the local health department to prevent spread of the disease;
(2) contaminated or suspected to be contaminated with an infectious agent that poses a threat to the public health, and that could be spread to others if remedial action is not taken;
(3) in a condition or suspected condition which, if the individual is exposed to others, poses a serious public health hazard, or is in a condition which if treatment is not completed he will soon pose a serious public health hazard; or
(4) contaminated or suspected to be contaminated with a chemical or biological agent that poses a threat to the public health and that could be spread to others if remedial action is not taken."

Note: In addition to suspected or confirmed TB cases, contacts of known TB cases who are flight risks may also be appropriate candidates.

Petitioner - the department or the local health department having jurisdiction over the location where an individual subject to supervision is found.
Affidavit - a written declaration made under oath before an official, as a notary public.

Abbreviations:

UDOH = Utah Department of Health; the department
LHD = local health department
LHO = local health officer
T/Q/I = treatment, quarantine, isolation
DOT = directly observed therapy
HCF = Health Care Financing
MD = physician
PHN = public health nurse
DC = district court
CA = county attorney

IV.
Documentation of Nonadherence

IV. DOCUMENTATION OF NONADHERENCE

Local health departments and providers are encouraged to use the approach and suggestions outlined in *Improving Patient Adherence to Tuberculosis Treatment* to ensure successful completion of recommended treatment. Documentation of a history of nonadherent behavior and steps taken by public health authorities in response to nonadherence is very important in order to provide sufficient evidence and establish grounds to issue court-ordered treatment, isolation, and quarantine. This "evidence" is reviewed by the court and the individual has a right to be represented by an attorney. The following may be helpful in providing this documentation.

Contractual Agreement to Treatment

This document explains the need for treatment, a description of treatment (medication regimen and required medical follow up), the importance of completing treatment, possible consequences if treatment is not completed, and the authority of public health officials to ensure adequate and complete treatment to protect public health.

A verbal explanation of the provisions of this document (with an interpreter present if necessary) should be given and the agreement signed by the client and health care provider.

Record of Provider Contacts/Treatment

Documentation of appointment dates kept/missed, follow up efforts, phone calls made, letters sent, home/facility visits, DOT, use of incentives, and other pertinent information can be recorded using this form.

Written Affidavit for Temporary Order

Once it is determined that court-ordered treatment, quarantine or isolation is necessary, the LHD or UDOH must submit a written affidavit for a temporary order. The written affidavit must include a statement of belief that the individual is "subject to supervision," is likely to fail to submit to treatment, that this poses a public health threat, personal knowledge that has led to that belief, and the written statement by a medical doctor.

CONTRACTUAL AGREEMENT TO TREATMENT

I, _____, understand that I have active tuberculosis. Tuberculosis can be treated with medication. I understand that the physician has ordered the following medication:

_____

_____

_____. I have had an explanation of the medication (side effects and advantages of using the medication).

In order to help me with taking the medication, and to see how effective the medication is, I understand that I will need to come in for medical follow up.

I understand that if tuberculosis is not treated it can be spread to others through coughing, sneezing, and even talking. Because tuberculosis must be treated, I understand how important it is to complete the medication for the time that it is prescribed.

If treatment is not completed on a voluntary basis, it may be necessary for public health officials to take further action in order to protect the health of the public.

_____ _____

Signature Date

_____

Health Care Provider

RECORD OF PROVIDER CONTACTS / TREATMENT

Client Name: ___________________________________ Date of Birth: ___________

<u>Clinic/Medical Appointments</u>:

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:________________ Purpose:____
Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

RECORD OF PROVIDER CONTACTS / TREATMENT

Client Name: ________________________________ **Date of Birth:** ___________

<u>Directly Observed Therapy (DOT)</u>:

Date initiated:_______________ Site:____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

Date:_______________ Appointment kept? Yes ☐ No ☐
If no, follow up action taken ____
Results:____
____

RECORD OF PROVIDER CONTACTS / TREATMENT

Client Name: _____ Date of Birth: _____

Incentives:

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

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Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

Date:_____ Incentive used:_____

RECORD OF PROVIDER CONTACTS / TREATMENT

Client Name: _____ Date of Birth: _____

Enablers/Other Actions Taken to Ensure Adherence to Treatment:

Date:_____ Action:_____

Comments/observations:_____

Date:_____ Action:_____

Comments/observations:_____

Date:_____ Action:_____

Comments/observations:_____

Date:_____ Action:_____

Comments/observations:_____

Date:_____ Action:_____

Comments/observations:_____

NOTICE OF COMMENCEMENT OF PROCEEDINGS
FOR TREATMENT, QUARANTINE, AND ISOLATION
FOR CONTROL OF TUBERCULOSIS

Name:

Address:

Date:

Dear

The purpose of this letter is to notify you that, _____(Local Health Officer), of _____(Local Health Department) has established that _____(Individual Subject to Supervision) has active, infectious tuberculosis disease. It is our determination that _____ has been nonadherent to treatment, and therefore, poses a public health threat. A temporary order has been issued to provide treatment, quarantine, and isolation in order to protect the public's health. A hearing will be held at _____ District Court to examine the evidence in this case. _____(Individual Subject to Supervision) has a right to be represented by legal counsel.

If you have questions, or would like more information, the person to contact is: _____.

Sincerely,

Local Health Officer name
Title

V.
Overview of Communicable Diseases
- Treatment, Isolation, and Quarantine Procedures
(Utah Code Unannotated, Title 26: Health Code, Chapter 6b)

V. OVERVIEW OF COMMUNICABLE DISEASES - TREATMENT, ISOLATION, AND QUARANTINE PROCEDURES (UTAH CODE UNANNOTATED, TITLE 26: HEALTH CODE, CHAPTER 6b)

Abbreviations used in overview:

UDOH = Utah Department of Health
LHD = local health department
T/Q/I = treatment, quarantine, isolation
STSI = subject to supervision individual
DC = district court
PH = public health
CD = communicable disease
EI = epidemic infection/s
TB = tuberculosis

Chapter 6b. COMMUNICABLE DISEASES - TREATMENT, ISOLATION, AND QUARANTINE PROCEDURES

26-6b-1. Applicability of chapter--Administrative procedures
Chapter applies to involuntary T/Q/I applied to individuals by UDOH or LHDs. Provisions of chapter supersede Title 63, Chapter 46b, Administrative Procedures Act.

26-6b-2. Definition of "subject to supervision".
"Subject to Supervision" as applied to an individual means the individual is:
(1) infected/suspected to be infected with a CD that poses a PH threat and who does not take action as required by UDOH or LHD to prevent spread of the disease;
(2) contaminated/suspected to be contaminated with an infectious agent posing a PH threat that could be spread if remedial action is not taken;
(3) in a condition/suspected condition which, if exposed to others, poses a PH hazard, or is in a condition which if treatment is not completed will soon pose a PH hazard;
(4) contaminated/suspected with a chemical/biological agent that poses a PH threat that could be spread if remedial action is not taken.

26-6b-3. Temporary Involuntary Treatment, Isolation and Quarantine (T/Q/I).
(1) UDOH or LHD having jurisdiction over location where the individual is found may issue an order for individual's temporary involuntary T/Q/I.
(2) An individual, subject to supervision, who willfully fails to voluntarily submit to T/Q/I as requested by UDOH or LHD may be ordered to submit to T/Q/I upon:

(a) written affidavit of UDOH or LHD stating:
(i) belief that the individual is likely to fail to submit T/Q/I if not immediately restrained;
(ii) this failure would pose a PH threat; and
(iii) personal knowledge of the individual's condition or circumstances that lead to that belief; and
(b) written statement by a licensed physician indicating the individual is subject to supervision.

(3) Temporary order issued may:
(a) be issued by UDOH or LHD;
(b) order reasonable T/Q/I for not more that 5 days excluding Saturday, Sunday, and legal holidays unless a petition has been filed in district court.

(4) (a) Pending issuance of an examination order or an order for T/Q/I an individual under a temporary order may be required to submit to T/Q/I in his home, a hospital, or any other suitable facility under reasonable conditions prescribed by UDOH or LHD.
(b) UDOH or LHD, issuing temporary order, shall take reasonable measures, including medical care, as may be necessary to assure proper care related to reason for T/Q/I.

(5) The individual subject to supervision, shall be served a copy of the temporary order, together with the affidavit and the physician's written statement, upon being taken into custody. A copy shall be maintained at the place of T/Q/I.

26-6b-4. Required Notice -- Representation by counsel -- Conduct of proceedings.

(1) (a) If subject to supervision individual (STSI) is in custody, the UDOH or LHD (petitioner) shall provide to the individual written notice of commencement of all proceedings and hearings as soon a practicable, and shall mail notice that a hearing may be held to legal guardian, immediate adult family members, legal counsel, or other persons the individual or DC designates.
(b) If individual refuses to permit release of information necessary for the required notice, the DC will determine extent of notice.

(2) (a) STSI in custody may be represented by counsel. If the individual/others do not provide for counsel, the DC shall appoint counsel in enough time to allow consultation prior to hearing. For an indigent STSI, the county of residence of the STSI shall pay for reasonable attorney fees as determined by DC.
(b) The STSI, petitioner, and all others served notice may appear at hearings to testify, and to present and cross-examine witnesses. The DC may receive testimony of any other individual.
(c) The DC may allow a waiver of the individual's right to appear only for good cause.
(d) The DC may allow participation of the STSI by telephonic means if

individual's condition poses a PH threat.

(3) The DC may order the STSI to be moved to more appropriate T/Q/I facility outside of its jurisdiction.

(4) The DC may exclude unnecessary persons from the hearing.

(5) All hearings shall be informal and orderly.

(6) Utah Rules of Evidence applies.

26-6b-5. Petition for an order of involuntary treatment, quarantine, or isolation -- Court- ordered examination period.

(1) (a) UDOH/LHD may commence proceedings for court-ordered T/Q/I of an STSI by filing a written petition with the DC of the STSI's county of residence.

(b) The county attorney of the STSI's residence/location shall represent the LHD

(2) The application shall be accompanied by:

(a) written affidavit stating:

(i) belief that person is subject to supervision

(ii) belief that the individual is likely to fail to submit to T/Q/I if not immediately restrained;

(iii) this failure is a PH threat; and

(iv) personal knowledge of the individual's condition/circumstances that lead to the belief; and

(b) written statement by a licensed physician finding the individual subject to supervision.

(3) The DC shall issue an examination order requiring individual to submit to T/Q/I and to be examined to verify infection/condition/contamination if DC finds:

(a) there is reasonable basis to believe the individual's condition requires T/Q/I pending examination/hearing;

(b) individual has refused to submit to examination by a health professional as directed by UDOH/LHD or to voluntarily submit to T/Q/I.

(4) If STSI is not in custody, the DC may make its determination and issue an examination order in an ex parte hearing.

(5) At least 24 hours prior to hearing, UDOH/LHD shall report to the court, in writing, the opinion of qualified health care providers regarding whether:

(a) individual is afflicted with CD posing a PH threat, contaminated with chemical/biological agent posing a PH threat, or is in a condition posing an immediate PH hazard; or

(b) diagnostic studies are not complete and whether individual has agreed to comply with necessary T/Q/I; and

(c) whether the petitioner believes the individual will comply without court proceedings.

26-6b-6. Court determination for involuntary supervision after examination period.

(1) The DC shall set a hearing within 10 business days of the issuance of the examination order unless the petitioner informs the DC prior to the hearing that

the individual:

(a) is not subject to supervision;

(b) has stipulated to the issuance of an order for involuntary T/Q/I;

(c) has agreed that T/Q/I are available and acceptable without court proceedings.

(2) (a) If the individual is not subject to supervision or if T/Q/I are available and acceptable to the individual without court proceedings, the court may terminate the proceedings and dismiss the petition.

(b) If the individual has stipulated to the issuance of an order for T/Q/I, the court may issue an order without further hearing.

(3) (a) If the examination report proves the individual is not subject to supervision, the court may terminate the proceedings without further hearing and dismiss the petition.

(b) After a hearing at which the individual has the opportunity to be represented by counsel, the court may extend the examination order up to 90 days if the petitioner has reason to believe the individual:

(i) is contaminated with a chemical/biological agent that is a threat to PH;

(ii) is in a condition that exposure to poses a serious PH threat and diagnostic studies have not been completed.

(4) The petitioner shall provide to the DC the following if available at the hearing:

(a) temporary order issued by petitioner;

(b) hospital/facility admission notes;

(c) medical records pertaining to T/Q/I.

(5) This information shall also be provided to the individual's counsel at the time of the hearing or before, if requested.

(6) (a) The DC shall order T/Q/I if there is clear and convincing evidence that:

(i) individual is infected with a CD, is contaminated with chemical/biological agent posing a serious PH threat, or is in a condition that will soon pose a PH threat if treatment is not completed;

(ii) there is no appropriate and less restrictive alternative;

(iii) petitioner can provide treatment that is adequate and appropriate; and

(iv) it is in the public interest.

(b) The DC shall immediately dismiss the petition if all of these conditions are not met.

(7) The order for T/Q/I shall designate the period for T/Q/I.

(8) (a) The order for involuntary T/Q/I may not exceed 6 months without a DC review hearing.

(b) The DC review hearing shall be held prior to the expiration of the court order. At the review hearing, the DC may order T/Q/I for an indeterminate period if the DC enters a written finding determining by clear and convincing evidence that the conditions will continue for an indeterminate period.

26-6b-7. Periodic Review of individuals under court order.

(1) At least 2 weeks prior to the expiration of the court order, the petitioner shall inform the DC the order is about to expire. The petitioner shall reexamine the reasons for the court order, and will discharge the individual if court-ordered T/Q/I is no longer needed and report its action to the DC for a termination of the order. Otherwise, the DC shall schedule a hearing prior to the expiration.

(2) The petitioner shall reexamine the reasons for court-ordered T/Q/I at 6-month intervals for individuals under T/Q/I for an indeterminate period. If T/Q/I is no longer necessary, the petitioner shall discharge the individual from involuntary T/Q/I and report its actions to the court for a termination of the order. If the petitioner determines T/Q/I is still necessary, the petitioner shall send a written report to the DC. The petitioner shall notify in writing the individual and counsel that T/Q/I shall continue, the reasons for the decision, and the right to a review hearing. The DC shall immediately set a hearing date if the request is received.

26-6b-8. Transportation of individuals subject to temporary or court-ordered T/Q/I.

Transportation of an individual to the place for T/Q/I shall be conducted by the municipal law enforcement authority where the individual is located. If the place for T/Q/I is outside of the authority's jurisdiction, or the individual is not located in a municipality, the county sheriff shall transport the individual to place for T/Q/I.

26-6b-9. Quarantine, isolation, and treatment costs.

If a LHD obtains approval from UDOH, the costs that the LHD would otherwise have to bear for involuntary T/Q/I shall be paid by UDOH to the extent that the individual is unable to pay and other sources and insurance do not pay.

26-6b-10. Severability.

If any provisions of this chapter is found unconstitutional, the provision is severable and the balance of chapter remains effective, notwithstanding that unconstitutionality.

VI.
Roles in Tuberculosis Control:
Local Health Department
Office of the County Attorney
Utah Department of Health

VI. ROLES IN TUBERCULOSIS CONTROL:
- LOCAL HEALTH DEPARTMENT
- OFFICE OF THE COUNTY ATTORNEY
- UTAH DEPARTMENT OF HEALTH
(BUREAU OF HIV/AIDS, TB CONTROL/REFUGEE HEALTH AND DIVISION OF HEALTH CARE FINANCING)

Required by Utah Health Code	Local Health Department (LHD)	Tuberculosis Control Program, Bureau of HIV/AIDS TB Control/Refugee Health, Utah Department of Health (UDOH)	Division of Health Care Financing (UDOH)	Office of the County Attorney
1. Testing of high risk individuals. (Section 26-6-9)	1. Assist in defining high risk groups. 2. Test high risk groups. 3. Report summary results to UDOH. 4. Complete follow-up on positive reactors. 5. Obtain prescriptions if needed. 6. Distribute medications and monitor compliance and side effects. 7. Report final disposition. 8. Review Statute and quarantine process with County Attorney. 9. Determine Medicaid eligibility.	1. Define high risk groups. 2. Provide PPD. 3. Distribute anti-TB medications to local pharmacies as contracted by LHD. 4. Summarize and report data from all testing. 5. Provide interstate and intrastate notification and referral.	1. Pay for TB related diagnostic testing for those on Medicaid or UMAP.	1. Review Utah Communicable Disease Control Act.
2. Duty to report suspected and active TB cases. (Section 26-6-6)	1. Inform and update providers about reporting requirements. 2. Forward TB suspect/confirmed case reports to UDOH TB Program within 2 days. 3. Analyze and report local data on cases. 4. Send TB epidemiology reports to UDOH TB Program within 14 days.	1. Inform and update providers about reporting requirements. 2. Confirm reported suspects/cases. 3. Report confirmed cases to CDC. 4. Analyze and report summary state data on cases. 5. Operate active surveillance system.	1. Assist in determination of Medicaid eligibility for TB suspects and cases.	

Required by Utah Health Code	Local Health Department (LHD)	Tuberculosis Control Program, Bureau of HIV/AIDS TB Control/Refugee Health, Utah Department of Health (UDOH)	Division of Health Care Financing (UDOH)	Office of the County Attorney
3. Duty to investigate, control, and monitor tuberculosis. (Section 26-6-8)	1. Investigate suspected/confirmed cases. 2. Conduct contact investigations. 3. Collect and report data to UDOH TB Program. 4. Analyze and report local data	1. Provide training, education, and expert consultation. 2. Investigate suspected/confirmed cases, as needed. 3. Collect contact investigations reports. 4Analyze state summary data. 5. Report to CDC and LHDs.		
4. Provide treatment and preventive therapy. (Section 26-6-8)	1. Obtain treatment guidelines by UDOH. 2. Contract with local pharmacy to dispense TB medications. 3. Obtain prescription from medical provider. 4. Distribute medications to clients. 4. Educate clients. 5. Monitor clients, at least monthly, for compliance and medication side effects. 6. Report completion of therapy or other outcomes to UDOH TB Program.	1. Provide guidelines to LHDs. 2. Distribute medications to local pharmacies as necessary. 3. Provide interstate and intrastate notification and referral.	1. Pay for Medicaid eligible clients.	
5. Monitor suspect and active cases until treatment is completed. (Section 26-6-8)	1. Assess and document client adherence. 2. Take steps to insure adherence, using incentives and enablers as necessary. 3. Monthly follow-up with UDOH TB Program on status of clients without court orders and as needed. 4. Close cases at completion of therapy or other outcome.	1. Monthly follow-up on all cases without court orders and as needed. 2. Close cases at completion of therapy or other outcome.	1. Pay for those clients Medicaid for directly observed therapy, home visits, case management, laboratory testing, out-client services.	

Required by Utah Health Code	Local Health Department (LHD)	Tuberculosis Control Program, Bureau of HIV/AIDS TB Control/Refugee Health, Utah Department of Health (UDOH)	Division of Health Care Financing (UDOH)	Office of the County Attorney
6. Monitor clients who are "subject to supervision." (Section 26-6-2)	1. Contract with clients to ensure adherence. 2. Offer incentives and enablers. 3. Document all client interactions. 4. Provide Directly Observed Therapy (DOT). 5. Inform County Attorney of possible need for legal assistance.	1.Monitor all such individuals via case management. 2. Provide assistance to LHDs as needed. 3. Obtain and maintain documents. 4. Close cases.		
7. Temporary involuntary treatment, isolation and quarantine. (Section 26-6b-3)	1. Consult with admitting physician (MD) regarding client and availability of beds. 2. Notify UDOH TB Program and obtain approval that UDOH will bear costs that other sources do not pay. 3. Initiate temporary order. 4. Provide documentation: case summary, affidavit, written statement by licensed MD. 5. Forward documentation to local health officer (LHO). 6. Notify admitting MD and Infection Control Practitioner of impending admission. 7. Arrange for appropriate medications. 8. Arrange for client transport with appropriate law enforcement authority. 9. Provide client and facility copy of temporary order and documentation. 10. Notify county attorney. 11. Be available to testify.	1. Assist LHDs in obtaining proper documentation for temporary order. 2. Contact Attorney General's Office if County Attorney is unavailable. 3. Be available to testify, as necessary. 4. Follow Steps 1-11 of LHD section, if petitioner.	1. Assist in placement and payment for eligible clients.	1. Initiate proceedings for petition to be filed with the district court within 5 days (excluding Saturdays, Sundays, and legal holidays) for examination order or an order for involuntary quarantine, isolation, or treatment. 2. Communicate with client's legal counsel. 3. Notify client of hearings. 4. Coordinate with District Court.

Required by Utah Health Code	Local Health Department (LHD)	Tuberculosis Control Program, Bureau of HIV/AIDS TB Control/Refugee Health, Utah Department of Health (UDOH)	Division of Health Care Financing (UDOH)	Office of the County Attorney
8. Involuntary treatment, quarantine, or isolation -- Court-ordered examination period. (Section 26-6b-5)	1. Document nonadherence. 2. Notify UDOH TB Program of need to pursue involuntary T/Q/I or court-ordered examination period. 3. Initiate court order on person "Subject to supervision.." 4. Notify County Attorney of need to file a written petition for involuntary T/Q/I. 5. Provide documentation: affidavit, written statement by licensed MD, case summary. 6. Upon issuance of order, arrange for transport with appropriate law enforcement authority. 7. Testify at hearings.	1. Assist LHDs in obtaining proper documentation for Involuntary treatment, quarantine, or isolation -- Court-ordered examination period. 2. In absence of County Attorney, or if deemed necessary, contact Attorney General. 3. Coordinate with facility, LHD, HCF, and Attorney General's Office, including admission to and discharge from institutions. 4. Pay medical consultants for documentation and court testimony. 5. Provide funding for non-institutional housing. 6. Follow LHD section 1-7, if petitioner.	1. Assist with institutional placement 2. Upon approval, pay for TB clients, without other resources, who require institutional treatment, quarantine, or isolation.	1. Represent the LHD in any court proceedings. 2. File written petition with District Court. 3. Obtain written affidavit from LHD. 4.Obtain written statement by licensed physician from LHD.
9. Transportation of individuals to temporary or court-ordered quarantine, isolation, or treatment. (Section 26-6b-8)	1. Arrange for transportation to treatment facility with municipal law enforcement authority. 2. If across county boundaries, arrange with County Sheriff for provision of transport.	1. Coordinate transportation with LHD.		1. Prepare for court within 10 days of examination order issuance. 2. Provide : a. temporary order b. medical records pertinent to current involuntary treatment
10. Periodic review of individuals under court order. (Section 26-6b-7)	1. Notify County Attorney that court order expires in 2 weeks. 2. Determine via case management whether court order should be continued. 3. Provide documentation of nonadherence.	1. In absence of County Attorney, coordinate court order and review with Attorney General's Office. 2. Provide documentation.		1. Reexamine court order to determine if continued involuntary quarantine is necessary.

September 1998

VII. Appendix A:

Samples of Documentation

Affidavits

Licensed Physician's Written Statement

Order for Temporary Involuntary Treatment, Isolation, and Quarantine by Local Health Officers

Petition and Ex-Parte Application for Issuance of Temporary Compulsory Treatment, Isolation, and Quarantine Order and Preliminary Injunction

Temporary Compulsory Treatment, Isolation, and Quarantine Order and Order to Show Cause by the District Court

Order of Compulsory Treatment, Isolation, and Quarantine

Stipulation to Order of Compulsory Treatment, Isolation, and Quarantine

Findings of Fact and Conclusion of Law

Order for Extension of Compulsory Treatment, Isolation, and Quarantine and Notice of Hearing

Order Releasing Compulsory Treatment, Isolation, and Quarantine

Affidavits

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VIII. Appendix B:

Utah Communicable Disease Control Act (Utah Code Unannotated, Title 26: Health Code, Chapters 6, 6a, and 6b)